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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90140 021 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 758981**

1. Corporation Name

**LE SCAMPI CONDOMINIUM ASSOCIATION, INC.**

217303 - 90140 - 21

Principal Place of Business

**18630 GULF BLVD.  
 INDIAN SHORES FL 34635**

Mailing Address

**18600 GULF BLVD.  
 INDIAN SHORES FL 34635**



2. Principal Place of Business

**21 19010 GULF BLVD.**

Suite, Apt. #, etc.

**22 INDIAN SHORES, FL**

Zip

**24 33785**

Country

2a. Mailing Address

**26 837 DEVILLE DR.**

Suite, Apt. #, etc.

**27 LARGO, FL**

Zip

**29 33771**

Country

**30**

3. Date Incorporated or Qualified

**06/30/1981**

4. FEI Number

**59-3109095**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**MEZER, STEPHEN H. P.A.  
 1212 COURT STREET  
 SUITE B  
 CLEARWATER FL 34676**

10. Name and Address of New Registered Agent

**81 Name JACK MEWHIRTER**  
**82 Street Address (P.O. Box Number is Not Acceptable) 19010 GULF BLVD. #103**  
**83**  
**84 City INDIAN SHORES FL 85 Zip Code 33785**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE

*Jack Mewhirter*

**JACK MEWHIRTER**

**3-3-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

**PD MEWHIRTER, JACK A.  
 14210 REBECCA COURT  
 LARGO FL**

TITLE  DELETE

**VD RUZZO, SHERRY DE  
 19010 GULF BLVD. #203  
 INDIAN SHORES FL**

TITLE  DELETE

**SD CRUTTENDEN, ARLEN  
 4410 ESTRELLA ST.  
 TAMPA FL**

TITLE  DELETE

**TD WALTERS, ESTHER  
 19010 GULF BLVD. #202  
 INDIAN SHORES FL**

TITLE  DELETE

**D SHERMAN, TONI  
 7944 JAYWOOD RD. N.  
 SEMINOLE FL**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

**1.2 NAME  
 1.3 STREET ADDRESS 19010 GULF BLVD. #103  
 1.4 CITY-ST-ZIP INDIAN SHORES, FL. 33785**

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jack Mewhirter*

**JACK MEWHIRTER 3-3-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)